



## **V. Verification**

Please indicate the name and contact information for a treating doctor, therapist, social worker or other health care professional who can verify that you have a qualifying disability and that the requested accommodation/modification is necessary because of your disability.

Professional's Name: \_\_\_\_\_

Professional's Address: \_\_\_\_\_

Professional's Contact Number: \_\_\_\_\_

## **VI. Submitting the Reasonable Accommodation or Modification Request**

The completed Reasonable Accommodation and Modification Request Form should be submitted to the Leasing Manager at 15963 Eimicke Place in Watertown. If you want to submit your request in some other way, please contact the Leasing Manager at 315-663-2100.

## **VII. Process for Considering the Reasonable Accommodation or Modification Request**

After receiving your reasonable accommodation or modification request, the Leasing Manager will respond within 14 days. You will be notified if more information is required.

If your request is denied, we will explain the reasons in writing and will try to work with you to find a way to accommodate your needs.

## **VIII. Confidentiality**

All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy your housing, the common areas, and programs offered on site.